

SECTION 1 – DHHS USE				CON OFFICE ONLY	
CON Number		<div style="text-align: center;"> EXPEDITED PROCESSING REQUEST Michigan Department of Health and Human Services CERTIFICATE OF NEED South Grand Building, 4th Floor P.O. Box 30195 Lansing, Michigan 48909 Phone: (517) 241-3344 – Fax: (517) 241-2962 </div>		Expedite Fee	
Facility Number				Amount	
Date Submitted				Date Submitted	
AUTHORITY: PA 368 of 1978, as amended COMPLETION: Please complete this form and submit to the Department.			<i>The Department of Health and Human Services is an equal opportunity employer, services and programs provider.</i>		

1. Legal Name of Applicant <i>(Must be exactly the same as Section 2 on Letter of Intent)</i>			
2. Current Name of Facility			County
3. Proposed Name of Facility			
4. Current Facility Address <i>(Street & Number or P.O. Box)</i>	City	State	ZIP Code

[illegible]

Requested (Expedited) Proposed Decision Due Date (Must be at least 30 days from submission of this request):	
<input type="checkbox"/> Non-Substantive Review	<input type="checkbox"/> Substantive Review

SECTION 5 – Instructions and Certification

INSTRUCTIONS

- This form must be submitted via a separate e-mail to Project Coordinator at MDHHS-CONProjects@michigan.gov.
- The Requested Proposed Decision Date must be specified. If the Department is unable to meet the requested date, an alternate decision date can be proposed.
- If the expedited processing request is approved by the Department, the applicant is responsible for submitting all requested additional information in a timely manner; otherwise, the application will be subject to the full review period.
- The Expedited Processing Fee can be submitted online at the time of application submission, or by a check mailed to:

**MDHHS Cashier Office Suite 801
Certificate of Need
PO Box 30437
Lansing MI 48933**

CERTIFICATION

An Expedited Processing Request shall not be considered received by the Department until the following conditions, as applicable, are met:

- The applicant agrees to submit the Expedited Processing Request by a separate e-mail at the time of application submission and at least **30 days prior to the Requested Proposed Decision Date**.
- The applicant agrees to pay the Expedited Processing Fee of \$1,000, and the fee has been processed by the Cashier's office.

CERTIFICATION OF ACCEPTANCE

Signature of Authorized Agent :

Date Signed:

EXPEDITED PROCESSING REQUEST NOTIFICATIONS

- The Department shall not charge the Expedited Processing Fee if the Request has been denied.
- The Expedited Processing Request is subject to approval by the CON Evaluation Section Manager. The Department shall respond to the Expedited Processing Request within **15** working days of the date of receipt, either granting or denying the request.
- The Department's decision to deny an Expedited Processing Request shall not be subject to appeal.

DECISION

☐ **APPROVED**

☐ **DENIED**

Date of Decision:

For the Department of Health and Human Services by: